

# Coxbench Hall Limited

# Coxbench Hall

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 30 September and 1 October 2015. The first day was unannounced.

Coxbench Hall is a residential care home providing accommodation and personal care for up to 39 older people. There were 32 people living there at the time of our inspection. Coxbench Hall is a period building that has been adapted to the needs of people in residential care. The building has three floors, accessible by stairs and a lift. The gardens are spacious and well maintained, with several outside sheltered seating areas for people. All but two of the bedrooms have ensuite toilets, and there are bathrooms and shower rooms on each floor.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 4 July 2014 we found that there were two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to the care and welfare of people who use services, and records. We asked the provider to send

# Summary of findings

us an action plan to demonstrate how they would meet the legal requirements of the regulations. During this inspection we looked at whether improvements had been made.

At this inspection we found improvements had not been made in relation to care and treatment records. Staff were not consistently completing risk assessment and plans associated with people's care. There was also evidence that one person was at risk from staff not making a timely referral to healthcare services.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff were trained in how to protect people from the risk of abuse and avoidable harm. They knew how to recognise and report their concerns to the registered manager, provider, and local authority if required.

The provider had recruitment procedures and staff were subject to a probationary period. The provider had clear guidance and policies about what they expected from staff. Regular supervision and training was given to staff to ensure that they maintained the level of caring skills required by the provider. This showed that people were cared for by staff who were suitable and skilled to meet their needs.

Enough suitable skilled and experienced staff were available to meet people's needs. People were supported to be as independent as possible, and had a call system that enabled them to alert staff quickly if they needed assistance. Staffing levels were adjusted according to people's needs.

Medicines were stored, administered, recorded and disposed of in accordance with professional guidance and regulations. Staff were trained in safe administration of medicines.

Staff sought and obtained people's consent before providing care. Where people declined support offered, staff respected their wishes and checked to make sure people had not changed their minds. Where people lacked capacity to consent to their care, staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, care plans did not always accurately record assessments of capacity.

Staff provided meals that were balanced and nutritious. They had a good understanding of people's dietary requirements and supported people appropriately.

People were involved in planning and regularly reviewing their own care. They felt able to speak to staff about concerns or ideas for improving the service. The provider actively sought the views of people, relatives and staff about the service, and there was evidence of changes being made as a result of this.

The home supported people to take part in a range of activities during the week, and there were regular opportunities to maintain contact with family, friends and local communities.

The service had an open culture where people and staff felt supported to express their views about care. However, the provider's monitoring system did not always identify issues or concerns about the quality of care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks relating to care needs were not always assessed or documented consistently.

People felt safe and medicines were given to people regularly and on time.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Records relating to people's needs were not consistently completed.

People's consent was not always sought for care in line with legislation and guidance.

Staff received training and supervision to enable them to care for people.

**Requires improvement**



### Is the service caring?

The service was caring.

People were supported by staff who cared for them and were knowledgeable about their needs and preferences.

People were involved in making decisions about their care.

Staff supported people in a respectful and dignified manner.

**Good**



### Is the service responsive?

The service was responsive.

People received care that was personal to them. They were supported to maintain their interests and relationships.

People and their relatives felt able to raise concerns and knew that they would be listened to.

**Good**



### Is the service well-led?

The service was not always well-led.

There was an open and friendly culture in the service. The registered manager and staff were always available.

The registered manager and staff were supported and motivated to provide quality care.

**Requires improvement**



## Summary of findings

<p>The provider had a system in place to monitor the quality of the service which did not always highlight issues or concerns about care.</p>	
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# Coxbench Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 September and 1 October 2015 and was unannounced. The inspection was conducted by two inspectors.

We spoke with ten people who lived at the home, six relatives, eight members of staff and the registered manager. We also spoke with four health professionals. We looked at a range of records, including four people's care files, three staff records and records about the management of the service. We observed people being supported in different areas of the service and in the dining areas at lunch time.

Prior to the inspection we reviewed the information we held about the service. We also looked at information received from local authority commissioners and the statutory notifications the provider had sent to us. Notifications are changes, events or incidents that providers must tell us about.

# Is the service safe?

## Our findings

We found that risks relating to people's care needs were not assessed or documented consistently. We noted that not all risk assessments and care plans were dated. This meant that there was a risk that information about people's needs was not up to date. The provider was using a risk assessment document that was not tailored to individual people's needs and risks. This meant that there was a risk that factors in people's care needs could be missed out when risk and support needs were being assessed.

We saw from care records that there were gaps in recording health observations. One person's care plan stated that the visiting health professional had advised their blood pressure should be taken several times a week. The records showed that this was not happening.

Another person's care plan stated that they needed to be weighed monthly. This was so that staff could check if the person had lost weight. We saw from the records that there were gaps in the monthly recording. Staff were not able to tell us why the person's weight had not been recorded as detailed in their care plan. This showed that the person was at risk of not having a significant weight loss recorded and acted on. Staff we spoke with showed an understanding of people's support needs and the risks associated with their care, but this knowledge did not always result in action taken to support them.

People told us that they felt safe at the home. One person said, "Yes – there is always someone about." Another said, "Staff are very caring – they look after me." Relatives told us that they felt people were cared for safely at Coxbench Hall. One relative said, "[Person] feels safe because of the quality of the staff." Another commented, "[Person] was safe here. I never worried about her with so many good staff." Health professionals told us they felt that the service knew how to keep people safe from avoidable harm.

Staff were knowledgeable about the procedures for identifying and reporting potential abuse. They told us they were comfortable raising concerns about people's safety with the registered manager and provider, and knew who to contact if they felt their concerns were not being taken seriously. We saw that the provider had safeguarding policies and procedures in place that were understood by staff. This showed the provider was taking action to help protect people from harm and abuse.

We saw several people using the garden area over the two days of our inspection. One person told us that they liked going out to sit in the garden as often as possible, and tried to do this every day. We saw staff regularly checking on people using the garden to see if they needed anything. Staff supported people to move around the building in ways that maintained their safety in a respectful and friendly manner. Staff were able to tell us about the training they had done to enable them to support people to mobilise safely.

A relative told us that their family member could use the staff call system in their room, and also had a call system pendant which they wore and used if they needed assistance. We saw that there were call bells in place in people's bedroom and in key areas around the home. People told us that they knew how to use these, and several people told us they had call pendants or bracelets which allowed them to alert staff from anywhere in the home or garden. This meant that people could access all the areas of the home and garden whilst still being able to call on staff to support them promptly. This demonstrated that people were supported to be independent and risks were managed safely.

The provider had a range of equipment used in the home to support people, for example, bath hoists and weigh scales. We could see from records that these were kept clean and maintained in accordance with the manufacturer's guidance so that they were safe to use.

People told us that they felt there were enough staff to meet their needs and keep them safe. One person told us, "I did once press my call bell (accidentally) and they came in a second." Relatives also told us that they felt there were enough staff available to support people. One relative said, "I would say so – definitely." Another relative told us, "There's always enough staff here." Health professionals told us they felt that there were enough staff to meet people's needs and had observed that people received support in a timely manner.

The provider had robust recruitment procedures that ensured as far as possible that only suitable people were employed to work at the service. This included carrying out Disclosure and Barring Service (DBS) checks to ensure potential staff were suitable to work with people who lived at the home. They also checked prospective staff member's application forms for any gaps in employment. Staff were subject to a probation period before becoming permanent

## Is the service safe?

members of staff, and the provider had clear policies on how they expected staff to deliver care. This helped to ensure that staff working at the service were suitable to do so.

People's medicines were managed safely. People told us that they received their medicines as prescribed. One person told us, "Staff will be flexible about times medicines are administered if I don't want to take them." Another person said, "Staff always explain what it is and what we're taking it for." Relatives told us that they felt confident staff would ensure that people got the correct medicines at the right times. A health professional told us, "There's always [two staff] doing medicines at breakfast time." Staff told us, and the records showed that people were given the correct medicines at the right time of day.

The registered manager regularly observed staff giving medicines and gave feedback on whether they were doing this correctly. We saw that staff giving medicines sought people's consent and gave them information about their medicines. The provider had clear written policies and guidance for staff giving medicines, and only staff trained in safe medicines management gave people their medicines.

We checked the systems for the receipt, administration and disposal of medicines and saw that this was being done in accordance with professional guidance. However, we noted that the storage of certain medicines was not meeting the standards in the Misuse of Drugs (Safe Custody) Regulations. We spoke with the registered manager about this and this issue was addressed on our inspection.

Staff could describe what their roles were in an emergency situation and knew how to support people to ensure their safety. The provider had up to date risk assessments and emergency plans for situations that would affect the running of the service, for example, a fire in the building. People's needs were assessed in relation to the support they would need in an emergency. This information was stored in the office and was accessible to staff in an emergency. This meant that there was clear information about needs and instructions for staff to follow to ensure that people remained safe in an emergency.

# Is the service effective?

## Our findings

At the time of our last inspection undertaken on 4 July 2014 the provider was not meeting the requirements of the regulation in relation to protecting people against the risks of receiving unsafe care and treatment. The provider sent us an action plan outlining the improvements they would make.

People told us that they felt staff supported them to access healthcare services in a timely manner. Relatives told us, “There’s no delay in calling the GP” and, “They’ve been very good at keeping in touch, for example, when [person] was rushed into hospital. They rang me immediately after they rang for the ambulance.”

At this inspection, we found that people were not always referred to health care services in a timely manner. We saw in one person’s care records that staff had observed a change in their physical condition. Within their care plan it stated that if this happened, staff should support the person to see a doctor. We could not find any evidence that this had happened, and staff could not tell us if any action had been taken. This meant that this person’s health was potentially at risk.

Staff said that the health professionals they had regular contact with were very responsive, and visited people regularly to help them maintain good health. Two health professionals told us that staff would call them promptly for support with people’s healthcare. They felt confident that staff would listen to and follow their advice about people’s health needs. One health professional said that staff were very proactive in raising concerns about people’s health needs.

People did not always have specific care plans to help staff support them to manage their health conditions. For example, one person had a diagnosis of lymphoedema but there was no care plan. Staff we spoke with were knowledgeable about the person’s condition, but acknowledged that there was no written care plan. This meant that there was a risk that staff would not know what lymphoedema was, how to monitor the condition, or how to support the person. The same person had a diagnosis that could impact on their vision. Staff were unaware that

the person had the condition and could not tell us what support the person needed. There was no information in the care plans to inform staff about the condition or how to support the person to monitor their condition.

Care plans were not updated to reflect advice from health professionals. For example, one person’s care plan stated that their blood sugar levels should be checked twice a day. The recording sheet showed that the person’s blood sugar levels were only being recorded in the mornings. We asked staff about this and they explained that the visiting health professional had advised that monitoring once a day was appropriate. However the care plan had not been updated to reflect this. This demonstrated that there was a risk that advice from healthcare professionals was not being recorded accurately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We asked staff to tell us what they understood about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us that staff always asked them for their consent to provide care and support. One person had been assessed as not having the capacity to consent to take their own medicines. We saw in their care plan that there was a recorded best interest decision regarding medicines, and guidance for staff on what to do if the person refused medicines.

Staff told us that they had attended training on the MCA and DoLS. They demonstrated understanding of the process to follow when people did not have the mental capacity to make certain decisions. Staff told us that one person was subject to a DoLS authorisation but they were



## Is the service effective?

unable to tell us if there were any conditions associated with this. This meant that staff did not always understand their responsibilities under the Mental Capacity Act 2005 and that people were at risk of not having their rights upheld.

People and their relatives told us that they felt staff had the skills and experience to meet their needs. Staff we spoke with were knowledgeable about people's individual likes, dislikes and preferences were.

We spoke with staff about the training and support they received. Staff described a thorough induction period where they received training the provider felt was essential to the job, including completion of the Care Certificate. This included fire safety, infection control, dementia awareness, safeguarding, and moving and handling. Staff were supported to undertake nationally recognised qualifications in health and social care and training was on-going. One staff member said "I love coming to work – I really enjoy it and am supported so I don't feel stressed." Staff told us that they had regular supervision with the registered manager which gave them the opportunity to reflect on their skills and discuss any training needs. They also had an appraisal of their skills and progress every six months. One staff member told us that they regularly spoke with their colleagues in order to learn more about the people they supported. For example, one staff member gave an example of asking more experienced colleagues for more information about a person's health condition. They were directed to the person's care plan and spoke with senior staff about their understanding of the person's needs. Staff attended regular staff meetings where they

had the opportunity to discuss improvements in care, resources needed for the service, and quality assurance issues. We looked at records of staff supervision and appraisal, and staff meetings, which confirmed this.

People told us that they felt they had a good choice of nutritious meals with plenty of drinks. One person said, "Very good quantity and choices. Always plenty of tea and coffee," and another told us, "Everything is excellent." Two people also told us that staff responded to them if they wanted an alternative meal or drink, "They listen if we say 'not that again.'" Relatives said that they felt people had a good varied diet, with people being offered alternatives. One relative told us that staff knew what their family member's preferences were, and said, "[Person] will be offered what they like: staff are sensitive to [person's] poor appetite." Two visiting health professionals told us that they could see that people were offered a variety of options for breakfast, and that staff asked people about lunchtime choices. They also commented that there were always drinks available in people's rooms. We saw that the menu choices were displayed, and staff spoke with people about their choices at lunchtime, offering alternatives if people had changed their minds. Staff offered support to people at lunch time in a discreet and polite way, and we observed that one person had a plate guard to support them to eat independently. Menus were planned in consultation with people. This meant that people's dietary preferences could be catered for. Staff were knowledgeable about people's preferences and specialist dietary needs, for example people on a soft diet or a diabetic diet. We saw that the provider had adapted cutlery and staff knew how to support people with a visual impairment or dementia.

# Is the service caring?

## Our findings

People told us that they felt staff were kind and caring, and that staff listened to them when they spoke about their care needs, views and wishes. One person told us, “Staff are very polite and helpful.” Another person said they felt that staff supported them well, “I couldn’t wish for better.”

Relatives told us that they felt staff were kind and caring. One relative told us, “Staff are very nice and kind – they will sit and chat with [person]. Their conversation is friendly with residents.” Another relative commented, “Staff are very caring and like to get to know about people’s personal history,” and, “[Staff] are always prepared to go the extra mile to make people feel like this was their home.”

Two visiting health professionals told us that they thought staff were caring and observed that the atmosphere of the home was welcoming. Another visitor to the home told us that they were always impressed with the staff and the attention they gave to people.

We saw staff speaking with people throughout our inspection, and observed that staff spoke in a warm and friendly way. They complimented people and spoke with them about their interests and hobbies. Staff demonstrated they were interested in having meaningful relationships with people and not just focused on providing care. Staff also spoke with each other about people’s care needs and wishes in a manner that clearly demonstrated that they knew and respected people’s personal preferences, and were mindful of people’s right to confidentiality.

People told us that staff supported them to be as independent as possible. One person said, “They like you

to be independent. I go down in the lift (with my zimmer frame) on my own.” On our inspection we saw staff support people in a way that encouraged them to be as independent as possible.

Relatives told us, “Help is available but not thrust onto [person,]” and “[Person] got a lot of motivation here, staff would involve them in games and activities.” Health professionals told us that staff encouraged people to be as independent as possible.

Staff told us that they reviewed people’s care plans with them regularly. We saw from people’s care plans that this was happening, and could see where staff had documented people’s preferences and wishes about their care. The provider was able to demonstrate that people were involved in planning their own care and were supported to make their own decisions as much as they wished to.

People told us that they felt staff treated them with dignity and respect. One person told us that they liked their privacy and staff knew this and respected it. Relatives and health professionals also said that staff supported people in a dignified and respectful way.

We saw that information posters about people who lived at the service and which room they stayed in were posted at key points throughout the building. Staff told us that this was so that staff and emergency services had quick access to this information. We noted that there was other information there that people could consider confidential. We spoke with the registered manager about this, and on the first day of our inspection the notices were amended to remove information that was not essential.

# Is the service responsive?

## Our findings

People told us that the service was tailored to suit their needs and preferences. One person commented, “They know my needs; they get me anything I want.” Two people said, “They know what we like and don’t like.” Another person told us they liked reading and would swap books with other people and the registered manager, “I like reading. There’s library books here. They belong to the home.” They showed us what they were reading, and we overheard a conversation between the registered manager and the person about books. This showed that staff knew about and supported people to continue with their hobbies and interests.

Relatives told us that conversations they had with staff indicated that staff knew people well. They also said that they felt staff supported people to follow their interests and hobbies, for example, “[person] enjoys reading the newspaper every day and listening to the radio. Staff support [person] in this.” Relatives told us about the variety of activities on offer for people, including exercise classes, musical entertainment and pets as therapy sessions. We also saw that several people had family visitors and went out with family and friends during our inspection. This demonstrated that people had access to a range of activities and were supported to take part in these.

Staff spoke knowledgeably about people’s individual care needs and preferences. They said that the care plans mostly gave them the information they needed, but that they would also ask people how they would like support to be given. Staff were also knowledgeable about people’s personal histories, family relationships, and hobbies and activities.

Staff told us that the provider offered a range of activities throughout the week as well as trips out twice a week. The provider has a minibus and people are offered a range of

regular trips out to places of interest in Derbyshire and further afield. For example, a trip to the seaside in June 2015 and a canal boat trip in July 2015. Local churches provided services and communion for those people who wished this. Staff described the monthly dinner hosted for people and their families. They said that there was always a theme and last month’s had been Disney films. The provider arranged for entertainment, and people and staff usually dressed up for the occasion. The provider’s newsletter had articles and photographs relating to people’s trips out and activities. This demonstrated that the provider understood the importance of supporting people to remain independent and active both in relation to their healthcare and their social lives.

People told us that they were aware of the provider’s complaints process, and knew how to make a complaint if necessary. They also told us that they felt confident that the provider would act on their complaints, “I know what good looks like – if I raise a concern they will deal with it.” One person commented that staff sometimes moved things in their room and this caused them problems. They said that they had mentioned this to staff previously, but it still sometimes happened. We spoke with the registered manager about this and explained why the person was unhappy with the situation. The registered manager spoke with staff about the person’s wishes and we saw that their care plan was updated to reflect this.

Relatives told us that they knew how to raise concerns or make a complaint, “We were issued with a (copy of) complaints procedure when [person] came. Never had to raise a concern. I think it would be acted on. It’s a family concern [provider] and they’re more inclined to help.”

The provider had a clear policy on how complaints should be handled. Records of complaints were kept and it was clear from the records what actions had been taken to resolve the issues raised.

# Is the service well-led?

## Our findings

At the time of our last inspection undertaken on 4 July 2014 the provider was not meeting the requirements of the regulation in relation to good record keeping. This was because accurate records of people's care and treatment were not kept. The provider sent us an action plan outlining the improvements they would make.

At this inspection we found that there continued to be concerns in this area. We found that the provider's system for auditing care records was not identifying gaps in the recording of health concerns and subsequent actions.

The registered manager was completing regular audits of people's care plans. However, issues relating to gaps in recording and inconsistencies in health monitoring had not been identified. For example, one person was assessed as being at high risk of developing pressure sores and should have their skin condition assessed every month. The records showed that no assessment had been done since 29 July 2015. This had not been picked up in the audit and meant that the person's risk of developing pressure sores was not well monitored. Another person had gaps in the monthly recording of their general observations (e.g. blood pressure and weight) for May 2015, June 2015, July 2015 and September 2015. A third person who came to the home on 7 September 2015 was assessed as being at high risk of pressure sores, but there was no guidance for staff on how to support the person and minimise risk.

We spoke with the registered manager and other members of the management team about this. They acknowledged that the checks in place were not effective and shortfalls in relation to people's care records continued. They told us that they had plans to improve the quality of their record keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out regular quality audits of all aspects of the service, including health and safety, catering, fire systems inspections and medicines. A recent audit of medicines management had identified a need for better recording. Staff told us that they were working with their local pharmacist to achieve this, and the evidence we saw supported this. The provider had recently had an inspection of the kitchen facilities from the local council. The provider had been asked to carry out action in relation

to this inspection and we could see that these had been done. The provider had been given a national food hygiene rating of five, which is the highest rating. This demonstrated that the provider took action to ensure that quality was not compromised.

People told us that the culture in the service was open and friendly. They felt that their views and wishes about the home were listened to, and that the registered manager and staff were always available for them to talk with. People told us that they knew who the registered manager was and that they could approach them with any issues or concerns they may have. One person told us, "[Registered manager] is accessible and very helpful," and another commented, "[Registered manager] is a fantastic manager." Relatives told us that both the registered manager and the provider were very accessible and visible in the service. Relatives told us that they had confidence in the registered manager and provider to respond to any issues they raised about the service, for example, when a relative spoke with one of the directors about a carpet that needed replacing, this resulted in a new carpet which their family member chose. Relatives also told us that they felt supported and welcomed by the registered manager and the staff team. Visiting health professionals told us that they felt that the registered manager and staff were accessible and accommodating.

People told us that staff regularly asked them for their views and opinions about the care they were receiving. People told us that the provider used questionnaires to ask them about the service. One person said, "They have residents' meetings which I attend when I am able." Two other people told us, "We find the residents' meetings good usually. We've gone places where we've said we'd like to go." Relatives also said that their views were sought using questionnaires and two relatives told us that they were invited to the quarterly residents' meetings. A relative told us that their family member was asked for their views about the service, and that the provider's newsletter told them what people thought of the care and what changes were being made in response. Records of the resident's meetings, staff meetings and the provider's quarterly newsletter showed us what changes were made if people were unhappy with any aspect of the care they received. This demonstrated that the provider actively sought people's views about their care and made changes to the service in response to these.

## Is the service well-led?

Staff told us that they felt supported by the management team and provider to develop their care skills, and one staff described this as, “Fantastic.” They also told us that they felt confident to share concerns and make suggestions about the service to the registered manager and the provider. Staff also told us that they felt supported by the management team at the home, with one staff member saying that there was a, “Very approachable management team.” Another staff member told us that the provider was, “Very responsive to staff asking for training.”

The registered manager had a clear aim to be open and transparent in providing care, and to try to deliver high quality care that enabled people to remain as independent as possible. They understood what their responsibilities were as a registered manager, including the requirement to notify CQC about accidents, incidents and other events that affected the delivery of care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service did not have effective systems or processes established or operated to ensure compliance. Regulation 17 (1).</p> <p>The service did not have effective systems or processes to assess, monitor or mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (2) (b).</p> <p>The service did not have effective systems or processes in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c).</p>